

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	D	D	Y	Y	Y	Y
0	4	2	8	2	0	0	8

THROUGH

M	M	D	D	Y	Y	Y	Y
0	4	2	9	2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

16130.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

04/29/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Abar Hutton Media

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Mailing Address

6190 Grovedale Court
suite 200

Amount

14130.00

City

Alexandria

State

VA

Zip Code

22310

Purpose of Expenditure

radio ad placement

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve Pearce

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

93688.00

Full Name (Last, First, Middle Initial) of Payee

Wild Bunch Consulting

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

Mailing Address

2207 Valley circle

Amount

2000.00

City

Alexandria

State

VA

Zip Code

22302

Purpose of Expenditure

production of Hispanic radio ad

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Steve Pearce

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

16800.00

(a) SUBTOTAL of Itemized Independent Expenditures

16130.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

16130.00